TRAVEL EXPENSE CLAIM

See Instructions and *Privacy Statement on separate docushare document

CLAIMA	NIT'S NAM	F					100					Page	of	Pages
CLAIMANT'S NAME Victoria L. Bradshaw							SSAN OR EMPLOYEE NUMBER* DEPARTMENT Labor & Workforce Dev Agency							encv
POSITION BARGAINING UNIT							DIVISION OR BUREAU EMPLOYEE MIC or 4-DIGIT MAIL SERVICES CODE							
							Office of the Secretary						TO 4-DIGIT MAIL SERVICES CODE	
RESIDENCE ADDRESS*							HEADQUARTERS ADDRESS						TELEPHONE NUMBER	
1						801 K Street, Suite 2101					916-327-9064			
CITY STATE ZIP CODE CA							Mark Control				STATE			ZIP CODE
(1) MONTH/YEAR (3) (4)				(5) MEALS			100	Sacramento (6) (7) TR			CA ANSPORTATION		95814	
02/2010		LOCATION	7.7	(4)	III.E.A.E.O		(0)	(A)	(B)	(C)	(D)		(8)	(9)
(2) Date	Time	WHERE EXPENSES WERE INCURRED	LODGING	BREAKFAST	LUNCH	O.T.,L/T, RELO or DINNER	INCIDEN- TALS	COST OF TRANS	TYPE	CARFARE, TOLLS, PARKING	PRIVA Miles	ATE CAR USE Amount	BUSINESS EXPENSE	TOTAL EXPENSES
	0540	Sac-Burbank-Sylmar-		6.00					PC		22	£44.000	EXPENSE	FOR DAY
1	1420	Sac		0.00	1300				T	9.00	22	\$11.020		26.020
4	1541	Sac-LA-BevHills-LA	176.61			18.00	6.00	89.00	PC		11	\$5.510		295.120
5	0630	LA-San Diego-Sac		6.00	10.00			20.00	PC	11.00	11	\$5.510	23.00	75.510
16	1830	Sac-Bakersfield-Sac							PC		571	\$285.500		285.500
			2/1 South	west Airli	ines via S	State cont	ract							
			2/4-5 Southwest & United Airlines via S				State of	contract						
-														
(10)	SUBTO	OTALS	176.61	12.00	10.00	18.00	6.00	109.00		20.00	045	#207.540	00.00	0000.45
COLUMN CODE (ACCTG: USE ONLY)			12.00	10.00	10.00	0.00	109.00		20.00	615	\$307.540	23.00	\$682.15	
		TOTAL												\$682.15
(11) PURF	OSE OF T	RIP:		(11A)		Summ	iary				(12) NO	RMAL WORK	HOLIBS	Ψ002.10
REMARKS AND DETAILS (Attach receipts/vouchers when required)				Description/ Cost Center	Exp. Code	Debit Amount	Project Code	Project For Fiscal				HOURS		
2/1 Quallion w/Gov CA Jobs Initiative 2/4 LA Chamber w/GOV CA Jobs Initiative											(13) PRIVATE VEHICLE LICENS			
2/5 Trellis Devlpmnt w/Gov CA Jobs Initiative									1		(14) MIL	EAGE RATE C	LAIMED -	
2/16 Bakersfield w/Gov CA Jobs Initiative												\$0.500		
													COUNTING OFF	ICE
				Total			Document Reference		Prepared By		PAID BY REVOLVING FUND CHECK NUMBER			
(15) I HE	REBY CE	RTIFY That the above is a true state	ement of the trav	el expenses in	curred by me	in accordance	with DPA ru	les in the service	of the S	State of	=			
gre	ater than th	a privately owned vehicle was used, ne rate claimed, and that I have met at belt usage	and if mileage ra the requirement	tes exceed the as prescribed	e minimum rat by SAM Secti	e, I certify that to ons 0750, 0751	the cost of o 1, 0752, 075	perating the vehi 3, and 0754 perta	cle was aining to	equal to or vehicle				
safety and seat belt usage. CLAIMANT'S SIGNATURE DATE					E 1/1			16) SIGNATI IDE OF OFFICER APPRICATING TRAVEL AND					T.	DATE
>					8.10	>							3.18.h	
(17) SIGNATURE AND TITLE OF AUTHORITY FOR SPECIAL EXPENSES (See Item 17 on reverse)														DATE
>														

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